STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR, 2009

(Name of Office, Department, Board or Agency)	, Tippecanoe County, Indiana		
(Name of Office, Department, Board of Agency)			
The following statement shows the salaries and wages prabove named office, department, board or agency during the control of the salaries and wages practice.			nployees of the
FULL TIME SALARIED OF	FICERS AND EMP	PLOYEES Rate of	Total
Title of Position		Monthly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
Totals			\$
PART TIME AND HOUR	I V DATED EMDI	OVEES	
PART TIME AND HOOK	LI RATED EIVIPE	JIEES	
Title of Position			
or Employee Classification		Rate of Pay *	
		Per	Hour
	-		
-		Б.	
* Show rate of pay per month, week, day, hour, etc.		Per	
C. C. T. C. C. Pa, per			
Submitted By:			
		(Signature)	
(Date)		(Title)	

NOTES:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reversed side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.